

May-01-02 11:44A

+1 818 887-3197

#4/5-302
P.01 E#

Patrick H. Potega

7021 Vicky Avenue
West Hills, CA 91307-2314

Voice (818) 340-7268
FAX (818) 887-3197

FAX COVER SHEET

Date: 1 MAY 2002

To: EXAMINER LOLLA CABRERA
PATENT & TRADEMARK OFFICE

From: Patrick H. Potega


FAX: 703-746-5402 Total Pages (including cover): 2

Remarks: RE: APPLICATION NO.: 09/475,945

ATTACHED IS THE SIGNED REVOCATION OF POWER OF
ATTORNEY FORM YOU REQUESTED.

I LOOK FORWARD TO YOUR CALL TO DISCUSS
THIS CASE.

PATRICK H. POTECA

Please type a plus sign (+) inside this box → 

PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0851-0035

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	09/475,945
Filing Date	31 Dec 1999
First Named Inventor	Patrick H. Potega
Group Art Unit	2833
Examiner Name	Zoila Cabrera
Attorney Docket Number	

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☐ A Power of Attorney or Authorization of Agent is submitted herewith.

OR

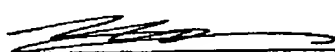
☒ Please change the correspondence address for the above-identified application to:☐ Customer Number Place Customer
Number Bar Code
Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Patrick H. Potega				
Address	7021 Vicky Avenue				
Address					
City	West Hills				
Country	U.S.A.	State	CA	ZIP	91307-2314
Telephone	818-340-7268	Fax	818-887-3197		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Patrick H. Potega
Signature	
Date	1 May 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.